

Notice of Allowability

Application No.

10/055,968

Examiner

Carolyn M. Bleck

Applicant(s)

KOSINSKI ET AL.

Art Unit

3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address--

All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. **THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS.** This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308.

1. ☒ This communication is responsive to 31 March 2005 and 23 June 2005.
2. ☒ The allowed claim(s) is/are 1-6, 8, 10-45, and 47-74 (now renumbered 1-71).
3. ☒ The drawings filed on 25 March 2002 are accepted by the Examiner.
4. ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
 - a) ☐ All b) ☐ Some* c) ☐ None of the:
 1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)).

* Certified copies not received: _____.

Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application.

THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.

5. ☐ A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient.
 6. ☐ CORRECTED DRAWINGS (as "replacement sheets") must be submitted.
 - (a) ☐ including changes required by the Notice of Draftsperson's Patent Drawing Review (PTO-948) attached
 - 1) ☐ hereto or 2) ☐ to Paper No./Mail Date _____.
 - (b) ☐ including changes required by the attached Examiner's Amendment / Comment or in the Office action of Paper No./Mail Date _____.
- Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d).
7. ☐ DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL.

Attachment(s)

1. ☐ Notice of References Cited (PTO-892)
2. ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3. ☐ Information Disclosure Statements (PTO-1449 or PTO/SB/08), Paper No./Mail Date _____
4. ☐ Examiner's Comment Regarding Requirement for Deposit of Biological Material
5. ☐ Notice of Informal Patent Application (PTO-152)
6. ☐ Interview Summary (PTO-413), Paper No./Mail Date _____
7. ☐ Examiner's Amendment/Comment
8. ☒ Examiner's Statement of Reasons for Allowance
9. ☐ Other _____


JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER

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DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendments filed 31 March 2005 and 23 June 2005. Claims 1-~~9~~, 10-45, and 47-74 are pending.

CB 1/12/06

Claim Objections

2. The objections to claims 1, 19, 37, 38, and 74 are hereby withdrawn due to the amendment filed 23 June 2005.

Title

3. Please change the title to "Apparatus and method for processing prescription requests using a remotely located prescription processing system."

EXAMINER'S AMENDMENT

4. An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the issue fee.

Authorization for this examiner's amendment was given in a telephone interview with Irah Donner on 1 September 2005.

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Please enter all of the following changes to the claims:

(A) In claim 1, insert "transcribing the captured prescription request" after the step at line 9 of "storing the digitized prescription request on a database maintained by the prescription processing system."

(B) Cancel claim 7.

(C) At claim 8, line 1, change "claim 7" to "claim 1."

(D) In claim 57, insert "transcribing the digitized prescription request" after the step at line 16 of "storing the prescription file on a database maintained by the prescription processing system."

Allowable Subject Matter

5. Claims 1-6, 8, 10-45, and 47-74 (now renumbered 1-71) are allowed. The following is an examiner's statement of reasons for allowance:

(A) Claim 1 is directed towards capturing the prescription request for subsequent manipulation, converting the captured prescription request to a digitized format at the prescription processing system to obtain a digitized prescription request, storing the digitized prescription request on a database maintained by the prescription processing

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system, and transcribing the captured prescription request , in combination with the additional features recited in claim 1.

The closest prior art of record, Albaum et al. (US 5,758,095) teaches an order recognition function by an order reformatter and interpreter to check for recognition of the doses, route of administration, frequency, and duration, wherein the order information received by the order reformatter and interpreter when entered by the user is entered in random sequence and then processed, wherein the inpatient module performs processing functions and is connected to the user interface which accepts input via keyboard and mouse, voice recognition, or pen interface (Figs. 49e and 49f, col. 7, lines 25-30, col. 11, lines 4-13, and col. 20, line 40, to col. 21. line 33). However, Albaum fails to teach a step of converting a prescription request and storing a digitized prescription request because in the method of Albaum, the request is already in a digitized format so no conversion is necessary.

Claims 2-6, 8, 10-36, 54-55, and 66 (now renumbered 2-37) incorporate the features of claim 1, and are allowed for the same reasons given above.

(B) Claims 37 and 42 (now renumbered 38 and 43) are directed towards the step of comparing, at the prescription processing system, a physician's phone number and a prescription number, and if the physician's phone number and the prescription number result in a predetermined relationship, wherein the predetermined relationship is a match between the physician's phone number and the prescription number and a stored physician's phone number and a stored prescription number stored at the prescription

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processing system then filling the prescription request using an automated entry agent associated with the prescription processing system, in combination with the additional features recited in claims 37 and 42 (now renumbered 38 and 43).

The closest prior art of record, Bartur (US 6,263,259), teaches verifying by a database a patient ID, physician ID, and medication ID by matching the patient ID, physician ID, and medication ID with stored IDs in the database, wherein if the IDs are verified, the prescription is dispensed by a medication unit dispensing stored medications (Abstract, col. 1, lines 30-50, and col. 13, line 49 to col. 14, line 44). Neither Albaum or Bartur disclose comparing, at the prescription processing system, a physician's phone number and a prescription number.

(C) Claims 38-40, 57, and 59 (now renumbered 39-41, 56, and 58) are directed towards converting the captured prescription request to a digitized format, creating an identification file, including identification data, for the digitized prescription request, associating the identification file and the digitized prescription request to form a prescription file, storing the prescription file on a database maintained by the prescription processing system, and transcribing the digitized prescription request, in combination with the additional features recited in claims 38-40 and 59 (now renumbered 39-41, 56, and 58).

The closest prior art of record, Albaum et al. (US 5,758,095), teaches an order recognition function by an order reformatter and interpreter to check for recognition of the doses, route of administration, frequency, and duration, wherein the order

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information received by the order reformatter and interpreter when entered by the user is entered in random sequence and then processed, wherein the inpatient module performs processing functions and is connected to the user interface which accepts input via keyboard and mouse, voice recognition, or pen interface (Figs. 49e and 49f, col. 7, lines 25-30, col. 11, lines 4-13, and col. 20, line 40, to col. 21, line 33). However, Albaum fails to teach a step of converting a prescription request and storing a digitized prescription request because in the method of Albaum, the request is already in a digitized format so no conversion is necessary. Thus, the prior art of record, namely Albaum et al. (5,758,095), Walker et al. (5,883,370), and Simcox (5,992,890), fail to teach the features of converting the captured prescription request to a digitized format, creating an identification file, including identification data, for the digitized prescription request, associating the identification file and the digitized prescription request to form a prescription file, storing the prescription file on a database maintained by the prescription processing system, and transcribing the digitized prescription request, in combination with the additional features recited in claims 38-40, 57, and 59 (now renumbered 39-41, 56, and 58).

(D) Claims 41, 58, 60-62, and 64-65 (now renumbered 42, 57, 59-61, and 62-63) are directed towards converting the captured prescription request to a digitized format, creating an identification file, including identification data, for the digitized prescription request, associating the identification file and the digitized prescription request to form a prescription file, storing the prescription file on a database maintained by the

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prescription processing system, and transcribing the digitized prescription request, in combination with the additional features recited in claims 41, 58, 60-62, and 64-65 (now renumbered 42, 57, 59-61, and 62-63).

The closest prior art of record, Albaum et al. (US 5,758,095), teaches an order recognition function by an order reformatter and interpreter to check for recognition of the doses, route of administration, frequency, and duration, wherein the order information received by the order reformatter and interpreter when entered by the user is entered in random sequence and then processed, wherein the inpatient module performs processing functions and is connected to the user interface which accepts input via keyboard and mouse, voice recognition, or pen interface (Figs. 49e and 49f, col. 7, lines 25-30, col. 11, lines 4-13, and col. 20, line 40, to col. 21, line 33). However, Albaum fails to teach a step of converting a prescription request and storing a digitized prescription request because in the method of Albaum, the request is already in a digitized format so no conversion is necessary. Thus, the prior art of record, namely Albaum et al. (5,758,095), Walker et al. (5,883,370), Munoz et al. (US 2002/0052760), and Simcox (5,992,890), fail to teach the features of converting the captured prescription request to a digitized format, creating an identification file, including identification data, for the digitized prescription request, associating the identification file and the digitized prescription request to form a prescription file, storing the prescription file on a database maintained by the prescription processing system, and transcribing the digitized prescription request, in combination with the additional features recited in claims 41, 58, 60-62, and 64-65 (now renumbered 42, 57, 59-61, and 62-63).

(E) Claim 43 (now renumbered 44) is directed towards a prescription processing system including a header entry agent for retrieving general information from a digitized prescription request, wherein said submitted prescription is digitized into said digitized prescription request, and transcribing said general information, wherein said general information comprises non-medication related information comprising at least one of member's name, member's identification number, physician information, and patient information, in combination with the additional features recited in claim 43 (now renumbered 44).

The closest prior art of record, Johnson et al. (5,664,109), teaches extracting medically relevant information and demographic information using a batch extraction program from an OCR file and creating a new medical service record associated with the medically relevant information and demographic information and populating the data fields of a new medical service record with the extracted pre-defined data, wherein the file includes demographic information, such as a patient's name and social security number, medical prescriptions (Fig. 7, col. 6 line 44 to col. 7 line 57, col. 13 lines 1-27, col. 15 lines 5-20, col. 15 line 45 to col. 18 line 17). However, Johnson fails to teach a header entry agent for retrieving general information from a digitized prescription request at the prescription processing system.

Claims 44-45, 47-53, and 63 (now renumbered 45-54) incorporate the features of claim 43 (now renumbered 44), and are allowed for the same reasons given above.

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(F) Claim 56 (numbered claim 55) is directed towards retrieving general information using a header entry agent from a digitized prescription request, digitizing said submitted prescription into said digitized prescription request, transcribing said general information comprising non-medication related information including at least one of member's name, member's identification number, physician information, and patient information, in combination with the additional features recited in claim 56 (now renumbered claim 55).

The closest prior art of record, Johnson et al. (5,664,109), teaches extracting medically relevant information and demographic information using a batch extraction program from an OCR file and creating a new medical service record associated with the medically relevant information and demographic information and populating the data fields of a new medical service record with the extracted pre-defined data, wherein the file includes demographic information, such as a patient's name and social security number, medical prescriptions (Fig. 7, col. 6 line 44 to col. 7 line 57, col. 13 lines 1-27, col. 15 lines 5-20, col. 15 line 45 to col. 18 line 17). However, Johnson fails to teach a header entry agent for retrieving general information from a digitized prescription request.

(G) Claims 67-69 (now renumbered 64-66) are directed towards converting the captured prescription request to a digitized format at the prescription processing system to obtain a digitized prescription request, storing the digitized prescription request on a database maintained by the prescription processing system, creating an identification file, including identification data, for the digitized prescription request, concatenating the

identification file with the digitized prescription request to form a prescription file, comparing, at the prescription processing system, a physician's phone number and a prescription number, and if the physician's phone number and the prescription number result in a predetermined relationship, wherein the predetermined relationship is a match between the physician's phone number and the prescription number and a stored physician's phone number and a stored prescription number stored at the prescription processing system, then filling the prescription request using an automated entry agent associated with the prescription processing system, in combination with the additional features recited in claims 67-69 (now renumbered 64-66).

The closest prior art of record, Albaum et al. (US 5,758,095), teaches an order recognition function by an order reformatter and interpreter to check for recognition of the doses, route of administration, frequency, and duration, wherein the order information received by the order reformatter and interpreter when entered by the user is entered in random sequence and then processed, wherein the inpatient module performs processing functions and is connected to the user interface which accepts input via keyboard and mouse, voice recognition, or pen interface (Figs. 49e and 49f, col. 7, lines 25-30, col. 11, lines 4-13, and col. 20, line 40, to col. 21, line 33). However, Albaum fails to teach a step of converting a prescription request and storing a digitized prescription request because in the method of Albaum, the request is already in a digitized format so no conversion is necessary. In addition, the closest prior art of record, Bartur (US 6,263,259), teaches verifying by a database a patient ID, physician ID, and medication ID by matching the patient ID, physician ID, and medication ID with

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stored IDs in the database, wherein if the IDs are verified, the prescription is dispensed by a medication unit dispensing stored medications (Abstract, col. 1, lines 30-50, and col. 13, line 49 to col. 14, line 44). Neither Albaum or Bartur disclose comparing, at the prescription processing system, a physician's phone number and a prescription number.

Thus, the prior art of record, namely Albaum et al. (5,758,095), Walker et al. (5,883,370), Munoz et al. (US 2002/0052760), Simcox (5,992,890), and Bartur (6,263,259), fail to teach the features of converting the captured prescription request to a digitized format at the prescription processing system to obtain a digitized prescription request, storing the digitized prescription request on a database maintained by the prescription processing system, creating an identification file, including identification data, for the digitized prescription request, concatenating the identification file with the digitized prescription request to form a prescription file, comparing, at the prescription processing system, a physician's phone number and a prescription number, and if the physician's phone number and the prescription number result in a predetermined relationship, wherein the predetermined relationship is a match between the physician's phone number and the prescription number and a stored physician's phone number and a stored prescription number stored at the prescription processing system, then filling the prescription request using an automated entry agent associated with the prescription processing system, in combination with the additional features recited in claims 67-69 (now renumbered 64-66).

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(H) Claim 70 (now renumbered claim 67) is directed towards a system comprising a computer for capturing the audible prescription request and for receiving a digitized prescription request, the computer creating an identification file, including identification data, for the at least one of the digitized prescription request and the audible prescription request and associating the identification file and the at least one of the digitized prescription request and the audible prescription request to form a prescription file, a header entry agent for retrieving general information from at least one of the digitized prescription request and the audible prescription request after the audible prescription request has been converted to a digitized format at the prescription processing system, and the general information is transcribed, and wherein said general information comprises non-medication related information comprising at least one of member's name, member's identification number, physician information, and patient information, and a pharmacy for receiving said completed prescription form, and filling said prescription requests based on the completed prescription form, and when the predetermined relationship is a match between the physician's phone number and the prescription number and a stored physician's phone number and a stored prescription number stored at the prescription processing system then filling the prescription request.

The closest prior art of record, Albaum et al. (US 5,758,095), teaches an order recognition function by an order reformatter and interpreter to check for recognition of the doses, route of administration, frequency, and duration, wherein the order information received by the order reformatter and interpreter when entered by the user

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is entered in random sequence and then processed, wherein the inpatient module performs processing functions and is connected to the user interface which accepts input via keyboard and mouse, voice recognition, or pen interface (Figs. 49e and 49f, col. 7, lines 25-30, col. 11, lines 4-13, and col. 20, line 40, to col. 21, line 33). However, Albaum fails to teach a step of converting a prescription request and storing a digitized prescription request because in the method of Albaum, the request is already in a digitized format so no conversion is necessary. In addition, the closest prior art of record, Bartur (US 6,263,259), teaches verifying by a database a patient ID, physician ID, and medication ID by matching the patient ID, physician ID, and medication ID with stored IDs in the database, wherein if the IDs are verified, the prescription is dispensed by a medication unit dispensing stored medications (Abstract, col. 1, lines 30-50, and col. 13, line 49 to col. 14, line 44). Neither Albaum or Bartur disclose comparing, at the prescription processing system, a physician's phone number and a prescription number.

Thus, the closest prior art fail to teach a system comprising a computer for capturing the audible prescription request and for receiving a digitized prescription request, the computer creating an identification file, including identification data, for the at least one of the digitized prescription request and the audible prescription request and associating the identification file and the at least one of the digitized prescription request and the audible prescription request to form a prescription file, a header entry agent for retrieving general information from at least one of the digitized prescription request and the audible prescription request after the audible prescription request has been converted to a digitized format at the prescription processing system, and the

general information is transcribed, and wherein said general information comprises non-medication related information comprising at least one of member's name, member's identification number, physician information, and patient information, and a pharmacy for receiving said completed prescription form, and filling said prescription requests based on the completed prescription form, and when the predetermined relationship is a match between the physician's phone number and the prescription number and a stored physician's phone number and a stored prescription number stored at the prescription processing system then filling the prescription request, in combination with the additional features recited in claim 70 (now renumbered claim 67).

Claims 71-73 (now renumbered 68-70) incorporate the features of claim 70 (now renumbered claim 67), and are allowed for the same reasons given above.

(G) Claim 74 (now renumbered 71) is directed towards comparing, at the prescription processing system, a physician's phone number and a prescription number, if the physician's phone number and the prescription number result in a predetermined relationship, wherein the predetermined relationship is a match between the physician's phone number and the prescription number and a stored physician's phone number and a stored prescription number stored at the prescription processing system, then filling the prescription request using an automated entry agent associated with the prescription processing system, converting the captured prescription request to a digitized format to obtain a digitized prescription request, creating an identification file, including identification data, for the digitized prescription request, associating the

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identification file and the digitized prescription request to form a prescription file, storing the prescription file on a database maintained by the prescription processing system, and transcribing the digitized prescription request, in combination with the additional features recited in claim 74 (now renumbered 71).

The closest prior art of record, Albaum et al. (US 5,758,095), teaches an order recognition function by an order reformatter and interpreter to check for recognition of the doses, route of administration, frequency, and duration, wherein the order information received by the order reformatter and interpreter when entered by the user is entered in random sequence and then processed, wherein the inpatient module performs processing functions and is connected to the user interface which accepts input via keyboard and mouse, voice recognition, or pen interface (Figs. 49e and 49f, col. 7, lines 25-30, col. 11, lines 4-13, and col. 20, line 40, to col. 21, line 33). However, Albaum fails to teach a step of converting a prescription request and storing a digitized prescription request because in the method of Albaum, the request is already in a digitized format so no conversion is necessary. In addition, the closest prior art of record, Bartur (US 6,263,259), teaches verifying by a database a patient ID, physician ID, and medication ID by matching the patient ID, physician ID, and medication ID with stored IDs in the database, wherein if the IDs are verified, the prescription is dispensed by a medication unit dispensing stored medications (Abstract, col. 1, lines 30-50, and col. 13, line 49 to col. 14, line 44). Neither Albaum or Bartur disclose comparing, at the prescription processing system, a physician's phone number and a prescription number.

Thus, the prior art of record, namely Albaum et al. (5,758,095), Walker et al. (5,883,370), Munoz et al. (US 2002/0052760), Simcox (5,992,890), and Bartur (6,263,259), fail to teach the features of comparing, at the prescription processing system, a physician's phone number and a prescription number, if the physician's phone number and the prescription number result in a predetermined relationship, wherein the predetermined relationship is a match between the physician's phone number and the prescription number and a stored physician's phone number and a stored prescription number stored at the prescription processing system, then filling the prescription request using an automated entry agent associated with the prescription processing system, converting the captured prescription request to a digitized format to obtain a digitized prescription request, creating an identification file, including identification data, for the digitized prescription request, associating the identification file and the digitized prescription request to form a prescription file, storing the prescription file on a database maintained by the prescription processing system, and transcribing the digitized prescription request, in combination with the additional features recited in claim 74 (now renumbered 71).

Conclusion

6. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Carolyn Bleck whose telephone number is (571) 272-6767. The Examiner can normally be reached on Monday-Thursday, 8:00am – 5:30pm, and from 8:30am – 5:00pm on alternate Fridays.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached at (571) 272-6776.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

7. Any response to this action should be mailed to:

Commissioner of Patents and Trademarks
Washington, D.C. 20231

Or faxed to:

(703) 872-9306 or (703) 872-9326 [Official communications]
(703) 872-9327 [After Final communications labeled "Box AF"]
(571) 273-6767 [Informal/ Draft communications, labeled
"PROPOSED" or "DRAFT"]


Hand-delivered responses should be brought to the Knox Building, Alexandria, VA.

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CB

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September 2, 2005


JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER